

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR  
RESTORING IMMUNE REPERTOIRE IN  
PATIENTS WITH IMMUNOLOGICAL DEFECTS  
RELATED TO AUTOIMMUNITY AND ORGAN  
OR HEMATOPOIETIC STEM CELL  
TRANSPLANTATION

Attorney Docket Number:: 980034.422

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No.:

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Ronald

Middle Name:

Family Name: Berenson

Name Suffix:

City of Residence: Mercer Island

State or Province of Residence: WA

Country of Residence: US

Street of mailing address: P.O. Box 1597

City of mailing address: Mercer Island

State or Province of mailing address: WA

Country of mailing address: US

Postal or Zip Code of mailing address: 98040

**Second Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Mark

Middle Name:

Family Name: Bonyhadi

Name Suffix:

City of Residence: Issaquah

State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 27187 Southeast 27th Street  
City of mailing address:: Issaquah  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98029

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name::  
Family Name:: Kalamasz  
Name Suffix::  
City of Residence:: Redmond  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 12045 184th Avenue Northeast  
City of mailing address:: Redmond  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98052

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/442,001	01/22/03
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/431,212	12/04/02
This Application	Non-Provisional claiming the benefit under 35 USC 119(e) of	60/393,042	06/28/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104

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